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I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorn	ney is submitted herewith.				
OR I hereby appoint the practitioners associated with the Customer Number:			nber:	26304	
Please change the correspondence address for the above-identified application to:					
✓ The address associated with Customer Number: 26304					
OR					
Firm or Individual Name					
Address					
City		State !		Zip	
Country				<u> </u>	
Telephone		Email		 -	_
I am the:					
✓ Applicant/Inver	ntor				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
	SIGNATURE of Applicant	or Assignee o	Record		
Signature	AP 4	- -			_
Name Scott P. Schreer					
Date , /	122107	Telephone	21299	שנים בעבו	
NOTE: Signatures of all the Inventors or essignaes of record of the entire Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of 1 forms are submitted.					

This collection of information to required by 37 CFR 1.39. The information is required to obtain or retain a benefit by the public which is to fife (and by the USPTO to proceed) an application. Confidentially is governed by 35 U.S.C. 12 and 37 CFR 1.11 and 1.14. This collection is estimated to lette 3 minutes to complete to proceed and the public of the public confidential to the public complete to the USPTO. The value was depended upon the individual case. Any comments of the amount of the procedure of the public confidential to the public confidential confidence of the confidence of the public confidence of the

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.